

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me G</i>		<i>5/5/00</i>
O.I.P.E. CLASSIFIER		<i>7/19</i>	<i>5/10/00</i>
FORMALITY REVIEW		<i>7/14/00</i>	
RESPONSE FORMALITY REVIEW			<i>9/13/00</i>

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	<i>9/12/02</i>
2	<i>4/24/03</i>
3	<i>8/7/03</i>
4	<i>4/14/04</i>
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Claim	Date
Final Original	
51	<i>4/24/03</i>
52	<i>8/7/03</i>
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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